

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth suited.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 170
Registered No. _____

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Hayden Junction No. _____ St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rose Mary Anna Doyle (If child is not yet named, make supplemental report, as directed)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Aug 30 1928
Month Day Year

8. FATHER
Full name John Edward Doyle
9. Residence (Usual place of abode) Hayden Junction
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 40 (Years)

12. Birthplace (city or place) New Haven
(State or country) Conn.

13. Occupation Brakeman
Nature of industry R.R.

14. MOTHER
Full maiden name Mary Guest
15. Residence (Usual place of abode) Hayden Junction
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 33 (Years)

18. Birthplace (city or state) Fresno
(State or country) Ariz.

19. Occupation House Wife
Nature of industry _____

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn _____ 21. Were precautions taken against or thalnia neonatorum. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8:20 A. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles B. Hartsfield

Given name added from a supplemental report _____ Address _____ (Physician or midwife).

Month, day, year _____
Registrar. 7

Filed Sept 20 1928 C. K. Wilcox
Registrar.

945-830-1173